

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | Jh       |        | 8/12/02  |
| O.I.P.E. CLASSIFIER       | 32       |        | 9/21     |
| FORMALITY REVIEW          | MB       | 863    | 10-28-00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

# INDEX OF CLAIMS 9/656330

✓ ..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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